



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

DISCHARGE PLANNING

Effective Date: August 28, 2006

Policy #: AD-04

Page 1 of 4

- I. PURPOSE:** To specify discharge planning procedures to ensure that discharge planning begins at the time of admission and is updated throughout the duration of hospitalization.
- II. POLICY:** Each person admitted to Montana State Hospital will have an individualized aftercare plan specifying services and referrals needed upon discharge. Montana State Hospital staff will work closely with the patient, the patient's family/significant others and appropriate community agencies to ensure continuity of care is addressed and Montana state statute requirements are met.
- III. DEFINITIONS:**
 - A. Initial Discharge Plan – A document that provides basic information to begin discharge planning procedures early in the patient's stay.
 - B. Aftercare Plan – A document that addresses major aspects of a patient's living situation and treatment needs following hospitalization.
 - C. Discharge Summary – A recapitalization of the patient's hospital course including a summary of the aftercare plan.
- IV. RESPONSIBILITIES:**
 - A. Discharge Coordinator – the staff member who is assigned primary responsibility for coordinating aftercare planning procedures. This is usually the patient's social worker.
- V. PROCEDURE:**
 - A. INITIAL DISCHARGE PLAN
 - 1. Each patient admitted to Montana State Hospital will have an Initial Discharge Plan developed by that patient's designated Discharge Coordinator as soon as practical but no later than 10 days following the patient's admission. The Initial Discharge Plan will focus on the individual needs of the patient and will be formulated with the participation of the patient or guardian as appropriate. Also, participation will include family members and significant others as available and related community agencies as appropriate.

2. The Initial Discharge Plan will be completed on a form developed by Montana State Hospital (Attachment A) and will identify a community mental health contact person and a Montana State Hospital Discharge Coordinator in order to facilitate communication. A description of each contact related to discharge planning will be entered in the patient's medical record.
3. It is recognized that discharge planning will be a continual process during a person's hospitalization and that changes are likely to occur in the discharge plan. The discharge plan will be regularly and systematically reviewed by the patient and their Discharge Coordinator and treatment team with changes made to reflect the needs and desires of the patient. These changes must be noted in the progress notes.
4. When a patient is transferred to another unit or the Discharge Coordinator is changed, whenever possible, the new discharge coordinator should be brought up-to-date at the earliest opportunity by the previous discharge coordinator.
5. Every effort should be made to involve the community mental health contact person or other aftercare providers in the discharge plan review process. Aftercare providers should be informed whenever significant modifications to a patient's discharge plan are made. This can be done through written or telephone communications, and must be recorded in the Discharge Activity log.

B. AFTERCARE PLAN

1. Near the end of hospitalization, all work pertaining to discharge planning will culminate with the completion of the Aftercare Plan. The Aftercare Plan (Attachment B) serves four functions:
 - a. To provide identifying information on the patient that the community mental health worker may find helpful in the provision of services;
 - b. To provide specific information regarding the patient's living situation; i.e., where the person will live, source of income, medication and medication history, and medical needs and;
 - c. Information that the community mental health worker may find helpful in developing a community treatment plan; i.e., major problems, needs, concerns, strengths, and personal goals.
 - d. Recommendations by Montana State Hospital staff for aftercare services.

2. The Aftercare Plan is developed through a cooperative effort involving the patient, the MSH Social Worker, the family and significant others of the patient, the community mental health contact person, and other aftercare service providers as appropriate. The Aftercare Plan will be completed when specific discharge arrangements have been made. Upon its completion, it is sent to the community mental health center contact person and other agencies that will be involved with the patient following discharge and for whom having the information is necessary. All applicable HIPPA regulations must be followed when communicating information to aftercare providers or other persons.
3. In addition to the Aftercare Plan form, a packet of clinical information will be sent. The packet shall include:
 - a. Social History or Interim History
 - b. Most recent Psychiatric Evaluation Report
 - c. Relevant Laboratory results/TB exam
 - d. Relevant Progress Notes
 - e. Nursing assessment
 - f. Recent Physical Examination Summary
 - g. Resident Employment evaluation (if completed)
 - h. Rehab therapy evaluation (if relevant)
 - i. Psychological evaluation (if completed)
 - j. Forensic Review Board Report if (if relevant)
 - k. Other information as appropriate

All information sent must be relevant and up-to-date. It is the discharge coordinator's responsibility to ensure that up-to-date information is sent to aftercare agencies.

C. DISCHARGE INSTRUCTION SHEET

The Discharge Instruction Sheet (Attachment C) will be initiated by licensed nursing staff and completed at the time of discharge. This document will be provided to the patient, with a copy FAXED to the outpatient service provider and a copy placed in the patient's Montana State Hospital medical record.

D. DISCHARGE SUMMARY

A discharge summary will be completed within 15 days of the patient's discharge and sent to appropriate aftercare providers (see policy HI-04).

VI. REFERENCES: 53-21-180 M.C.A.

VII. COLLABORATED WITH: Hospital Administrator, Medical Director

Montana State Hospital Policy and Procedure

DISCHARGE PLANNING

Page 4 of 4

VIII. RESCISSIONS: #AD-04, *Discharge Planning Policy* dated September 8, 2003; #AD-02, *Discharge Policy*, dated May 15, 2001

IX. DISTRIBUTION: All hospital policy manuals

X. REVIEW AND REISSUE DATE: August 2009

XI. FOLLOW-UP RESPONSIBILITY: Chief of Social Work

XII. ATTACHMENTS:

A. [MSH Initial Discharge Plan](#)

B. [MSH Aftercare Plan](#)

C. [Discharge Instruction Sheet](#)

_____/____/____
Ed Amberg
Hospital Administrator

_____/____/____
Randy Vetter
Admissions Coordinator/Social Work Chief

MONTANA STATE HOSPITAL

INITIAL DISCHARGE PLAN

Patient's Name: _____ Hospital #: _____

Commitment Status: _____ Hometown: _____

Treatment Program: _____

MSH Discharge Coordinator: _____ Date: _____

Community Case manager CMHC Contact Person: _____

Target Date for Discharge: _____

Mental Health Services Prior to Admission: _____

Criteria for Discharge: _____

Financial Resources: _____

Family Members/Significant Others who may be able to provide support upon discharge

Name	Relationship	Address	Phone

Description of Discharge Plan (e.g., living arrangements, follow-up mental health services, expected community placement):

**MONTANA STATE HOSPITAL
AFTERCARE PLAN**

NAME:

DATE:

HOSPITAL #:

D.O.B.:

TYPE OF COMMITMENT:

S.S.N.:

COUNTY OF ADMISSION:

ADM. DATE:

DIAGNOSIS: Axis I:
Axis II:
Axis III:
Axis IV:
Axis V:

TYPE OF RELEASE:

TENTATIVE DATE:

DISCHARGE ADDRESS:

NAME AND ADDRESS OF INTERESTED RELATIVE/FRIEND:

RELEASE PLAN:

MAJOR PROBLEMS/NEEDS/CONCERNS:

PATIENT'S PERSONAL GOALS:

PRESENT MEDICATIONS:

MEDICATION HISTORY OF EFFECTIVENESS:

PATIENT'S MEDICAL NEEDS:

PRESENT FINANCIAL NEEDS AND SOURCE OF INCOME:

NAME AND ADDRESS OF REP. PAYEE:

PHONE:

AFTERCARE SERVICES RECOMMENDED BY MONTANA STATE HOSPITAL:

POST DISCHARGE ARRANGEMENTS THAT HAVE BEEN MADE:

MEDICATION TO BE SUPPLIED BY MSH UPON DISCHARGE:

MEDICATIONS WILL NEED TO BE RENEWED BY (DATE):

REPORTS ENCLOSED WITH AFTERCARE PLAN:

Discharge Coordinator to initial each item included in packet.

_____ Social History or Interim History	_____ Nursing Assessment
_____ Psychiatric Evaluation	_____ Lab Results/RB Exam
_____ Physician Orders	_____ Progress Notes
_____ Physical Exam Report	_____ Rehabilitation Therapy Evaluation
_____ Psychological Evaluation	_____ Other
_____ Resident Employment Evaluation	_____ Other
_____ Forensic Review Report	

REFERRED BY:

SENT TO:

Name: _____
Montana State Hospital
Warm Springs, MT 59756
Phone: _____
Email: _____

Treating Psychiatrist at time of discharge referral: _____

Telephone

MONTANA STATE HOSPITAL
DISCHARGE/HOME VISIT INSTRUCTIONS

NAME: _____ DATE OF DISCHARGE/H.V.: _____

MEDICATIONS

MEDICATION NAME	DOSE	TIME/ INSTRUCTIONS	INFO HANDOUT	
			YES	NO

☐ Instructed on taking medication(s): verbalizes an/or demonstrates understanding
Medication provided: ☐ 2 weeks supply ☐ Other _____
Diet ☐ Regular ☐ Other _____ ☐ Handout Given

Discharge/Home Visit Arrangements: _____

Other Instructions: _____

REFERRALS & APPOINTMENTS

Name	Address	Phone	Date	Time

Fax to: _____ Fax #: _____

Social Worker's Name Patient's Signature Nurse's Signature
Fax to Community Provider Original: Health Information Copy: Patient

MEDICATION INSTRUCTIONS

1. Learn the name of the medication and the reasons why you are taking the medication.
2. Take the medication at the times and in the amount prescribed.
3. Do not offer your medication to anyone else. It has been especially prescribed for you and may be harmful to someone else.
4. Keep all medications securely away from the reach of children.
5. Certain medications become outdated, at which time they may be ineffective or even harmful. If your medication is more than several months old, ask your pharmacist if it is safe and effective.
6. Do not mix medications in one container. Keep each medication in its own container.
7. Alcohol should be avoided when taking medication.
8. Medicine may produce an allergic or unanticipated reaction, even in people who are not known to be allergic or who have taken the drug before. Contact your physician if you experience rash, fever, vomiting, diarrhea, or other unusual symptoms.